

<h1 style="margin: 0;">REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</h1>		ATTORNEY DOCKET NO. <b>70044.0114US01</b>	
		U.S. APPLICATION SERIAL NO. <b>10/796,198</b>	CONFIRMATION NO. <b>2440</b>
		FILING DATE <b>March 10, 2004</b>	
INVENTOR(S) <b>John BURWELL et al.</b>	EXAMINER <b>Tara L. Mayo</b>	GROUP ART UNIT <b>3671</b>	
TITLE OF APPLICATION <p style="text-align: center;">Double Walled Containment Systems</p>			

ADDRESS TO:	Mail Stop RCE Commissioner for Patents P.O. BOX 1450 ALEXANDRIA, VA 22313-1450
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**This is a Request for Continued Examination under 37 CFR 1.114 of the above-identified application.**  
 Request for Continued Examination (RCE) practice under 37 C.F.R. 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

**1. Submission required under 37 CFR 1.114**

a. ☐ Previously submitted. If a final office action is outstanding, any amendments filed after the final office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_.

ii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☒ Amendment

ii. ☐ Request for Reconsideration

iii. ☐ Affidavit(s)/Declaration(s) -

iv. ☒ Information Disclosure Statement (IDS)      ☒ PTO 1449      ☐ Cited References (\_\_\_\_)

v. ☐ Other

**2. Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required).

b. ☐ Other

**3. Other Enclosures**

a. ☒ Fee Transmittal (In Duplicate)

b. ☒ Request for Extension of Time for 2 months

c. ☐ Information Disclosure Statement (IDS)      ☐ PTO 1449      ☐ Cited References (\_\_\_\_)

d. ☐

e. ☐

f. ☐

**4. Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. **13-2725**. A fee transmittal sheet in duplicate is enclosed.

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other

b. ☐ A check in the amount of \_\_\_\_\_ enclosed.

c. ☐ Payment by credit card (Form PTO-2038 enclosed) **Credit card information should not be included on this form.**

<b>CORRESPONDENCE ADDRESS</b>	
<input checked="" type="checkbox"/> The address associated with Customer Number: <b>23552</b>	OR <input type="checkbox"/> correspondence address below
Name Address City	07/27/2006 MBEYENE1 00000006 132725 107961 08 01 FC:1801 Zip Code 790.00 DA

NAME	Steven B. Kelber	REGISTRATION NO.	30,073
SIGNATURE	<i>Brian K. Lathrop</i>	DATE	July 25, 2006
NAME	Brian K. Lathrop	REGISTRATION NO.	43,740
		TELEPHONE	202 326-0300